



2011 Institute for Leaders

On-site Registration Form

Complete form and bring on-site with full payment to the IFL registration desk.

Division: (check one) FBLA PBL

School/Chapter _____

School Address _____

School City _____ State _____ Zip Code _____

School Phone _____ School Fax _____

Adviser/Contact Name _____

Home Address _____

Home Phone _____ E-mail _____

Home City _____ State _____ Zip Code _____

Check if adviser is not attending. If adviser is attending, list as first name under "IFL Attendees."

Responsible person at conference if adviser is not attending:

Name _____

School _____ Phone _____

IFL ATTENDEES		Student Member	Candidate	Adviser
First Name	Last Name			

Payment Method: Check Cash Credit Card

Please charge my credit card: MasterCard Visa

Name on Card _____

Account Number _____

Exp. Date _____

Signature _____

TOTALS:

Student Registration _____ x \$135.00 = \$ _____

Adviser Registration _____ x \$70.00 = \$ _____

Candidate Registration _____ x \$110.00 = \$ _____

Total Payment \$ _____

For FBLA-PBL use only. Paid \$ _____

Date ____/____/____

Received by _____